

# Princeton Foot and Ankle Associates, PC

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## Office Policies

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### Appointments

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**Documentation:** Our office needs certain documentation to serve you [i.e. insurance card, referral and/or out of network authorization, driver's license, and any charge of your personal information]. It is necessary to have this documentation with you at the time of your visit. If you are an established patient, please inform the receptionist of any changes to your address, phone number, or other patient information. Not having the proper documentation may cause you to be financially responsible for your office visit.

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**Timeliness:** Please arrive 15 minutes prior to your scheduled appointment. We strive to keep on schedule and we do our best to notify our patients if there is a delay in our doctor's schedules. We ask for your patience and understanding in the event that there is an emergency while you are here for your appointment. If you are late for your appointment, we reserve the right to reschedule.

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**Minors:** Children under 18 must be accompanied by a parent or an adult guardian who has appropriate documentation, such as a written parental permission. Our staff is not permitted to watch your child while you are receiving care at the practice. Please make arrangements for arriving at the practice for your appointments and / or x-ray.

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### Billing

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**Patient financial responsibility:** Payments for copayments, deductibles, as set forth by your insurance company are due at the time of service. Any coinsurances, deductibles, or non-covered services as determined by your benefit plan will be billed to you and are due upon receipt of bill.

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**Self-pay/Non participating providers:** Self pay and patients with non-participating health plans are responsible for the bill at the time of service.

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**Payment methods:** We accept cash, personal checks, Discover, MasterCard, and Visa.

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AS OUR PATIENT YOU WILL BE RESPONSIBLE TO PAY YOUR BILL ON TIME. IF YOU ARE SENT TO OUR COLLECTION AGENCY FOR NON-PAYMENT A COLLECTION CAHRGE WILL BE ADDED TO YOUR BALANCE.  
UPDATED ON 6/16/2016

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**Returned checks:** Will be result in a \$30.00 fee or the actual bank fee, whichever is greater.

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X-Rays/MRI/Other studies

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Pre-certification: Prior to scheduling an appointment for prescribed study [i.e. MRI, CAT scan, or Ultrasound] insurance precertification may be required. Your insurance company may not pay for your testing if you don't have their required precertification approval. We are finding that insurance companies are increasing their demands and requirements for processing precertification requests. As a result, it may take 3-7 business days to accomplish/ finalize this task. Our office does everything that we can to expedite the process.

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Copies of medical records/ X-rays/ Form completion

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Release of X-rays: We may provide you, another provider, or third party with a copy of your X-rays for consultation, further diagnostic testing, or other purposes. You can request copies by completing our medical record release form. In certain circumstances, you may incur a cost of \$10.00, for a C.D. copy of your X-ray. Film X-rays may be an additional cost.

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Copies of medical records: Original medical records are the property of the provider. Copies can be reproduced for a charge of \$1.00 per page or, if the record is less than 10 pages \$10.00, but no more than \$100.00 for the complete copy. You can request copies by completing our medical record release form. We will let you know the appropriate charge outlined above. We will have them ready for you within 30 days of receipt of your request and payment.

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Prescriptions

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Please call for a refill before you run out of your medication. We may not refill prescriptions if you are overdue for your office visit. It may take up to 48Hrs for a refill approval and fulfillment. Many narcotics can't be refilled over the phone; you may be required to come to the office in person to pick up your prescription for the medication refill. Due to legal and regulatory guidelines, we may not be able to issue replacements for narcotic medication prescriptions that have been lost, or damaged or stolen.

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**ACKNOWLEDGEMENT and AGREEMENT to the terms and conditions of the document:**

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Patient NameDate

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Patient/Parent/Guardian Signature

Printed